

CAMPAURORA

August 27th to 30th, 2017

Please note: the dates this year have changed

**Camp Brereton
Whiteshell, Manitoba**

REGISTRATION DEADLINE: July 15th, 2017

Welcome to Camp Aurora, a four-day summer camp for LGBT2SQ+ youth that takes place at Camp Brereton in Whiteshell Provincial Park. Participants can identify as gay, lesbian, bisexual, transgender, two-spirit, queer, allied, or any other label they use to self-identify. Camp Aurora is open to campers **aged 14 to 19**.

Our Vision

To create a world in which all youth, regardless of sex, gender identity, or sexual orientation, make significant contributions to their schools, communities, and home environments.

Our Mission

Camp Aurora seeks to build capacity, resiliency, and self-esteem of LGBT2SQ+ and allied youth through experiential learning within a camp environment.

Our Objectives

1. To address discrimination against sex, gender identity, and sexual orientation,
2. To engage with and learn from positive role models,
3. To provide opportunities for campers to acquire new skills through experiential learning,
4. To encourage civic engagement, participation, and volunteerism,
5. To facilitate social inclusion for campers from both rural and urban settings,
6. To mentor youth in leadership / directorship,
7. To ensure the youth-focused content, spirit, and longevity of the camp,
8. To ensure camp is accessible to all youth, regardless of socio-economic status,
9. To celebrate all aspects of diversity,
10. To foster existing, and establish new, mutually beneficial partnerships.

Camp Learning Experiences

- Opportunities to learn canoeing, kayaking, hiking, swimming, and participate in park excursions
- Living in a gender-inclusive and supportive environment
- Team building
- Creative artwork
- Talent show and the opportunity to explore new abilities
- The opportunity to learn how to live and share responsibilities with others
- Personal reflection time

- Time to get to know yourself and others

Our People

- Camp Aurora is organized by a volunteer steering committee of community leaders.
- Cabin Leaders: Trained young adult youth facilitators.
- Trained professionals on staff, including a registered nurse, social workers, certified life guard, certified counsellors, therapists, and a certified cook.

At the end of Camp Aurora, our goal is that campers will leave with new friendships and connections that can provide continuing support over the coming years.

Registration

The cost of camp is approximately **\$300.00** per camper. Any financial support that can be provided to cover these costs is greatly appreciated and will help to ensure the sustainability of Camp Aurora. If paying this amount poses a barrier to camp attendance, we ask that a minimum payment of \$25.00 be provided to secure a place, as camper registration is allotted on a first come first serve basis. This fee may also be waived if necessary. Please indicate this at the end of the application form.

Please make all registration fees payable to Rainbow Resource Centre and clearly indicate "Camp Aurora" on the cheque's memo line.

Please review the attached information carefully. **Camp registration works strictly on a first come first serve basis and space is limited. Therefore, we encourage all youth to apply early and fill out this application package carefully.** If you have any questions or concerns, please feel free to contact us at any time at campaurora@rainbowresourcecentre.org.

Please send your completed Camp Aurora registration forms and cheque to:

**Camp Aurora
c/o Rainbow Resource Centre
170 Scott Street
Winnipeg, MB R3L 0L3**

CAMPAURORA

Please read through this package carefully as it provides you with essential information to consider before attending Camp Aurora!

Please keep pages 3 and 4 in a safe place for future reference.

Camper Roles and Responsibilities

Participants are asked to reflect upon the purpose of Camp Aurora and obtain a full understanding of their roles and responsibilities before registering. Please ensure you have read and understand the following important information before agreeing to participate.

As a camper at Camp Aurora, I agree and acknowledge that I am required to:

- Identify as a lesbian, gay, bisexual, transgender, two-spirit, queer, and/or allied youth.
- Be present at all activities required.
- Be willing to participate in activities.
- Respect myself.
- Respect others.
- Respect the camp facilities.
- Have fun.
- Be responsible for my own health and wellness, which includes adequate sleep and nourishment.
- Will not leave the camp for outside social or recreational purposes.
- Agree to an 11:00 PM curfew.
- Inform camp staff of any prescription medication I am taking and provide these to the nurse upon my arrival.

Note: Campers will not be allowed to leave the grounds for any reason.

Camp Brereton

Camp Brereton is located 1½ hours east of Winnipeg in beautiful Whiteshell Provincial Park. Camp Brereton has been accredited by the Manitoba Camping Association and is owned and operated through Variety Children's Charity. The camp offers many different activities on site, including hiking, canoeing, kayaking, fire pits, swimming, and more. To view pictures and more information about Camp Brereton, visit Variety's website at http://www.varietymanitoba.com/camp_brereton.html

Meals

All meals, beverages, and snacks are included in your registration fee. Camp Aurora is willing to accommodate all reasonable dietary restrictions if notice is given ahead of time. **Please provide these details in your registration forms. If your dietary needs change after submitting this form, you must inform us of this change. Food is ordered one week prior to camp; dietary changes after food is ordered will be accommodated on a case-by-case basis.**

Stuff to Bring

Note: Campers will not be allowed to leave the grounds for any reason.

Please bring the following items to camp:

- Sleeping bag / blanket and pillow (Camp Aurora is unable to provide these items)**
- Towel and toiletries (soap, toothbrush, deodorant, etc.)
- Indoor and outdoor footwear (two separate pairs and water sandals, if available)
- Clothes for 4 days and for rain and shine
- Sunscreen and insect repellent
- Swimsuit
- Any necessary medications
- Outdoor jacket and rain gear

Please consider if you need to bring these additional items as they will not be provided:

- Earplugs
- Flashlight
- Book
- Camera
- Personal alarm clock
- Comfort items

Please **DO NOT** bring the following items to camp. If you do so, you may be asked to leave.

- Knives or weapons of any kind
- Alcohol/drugs or drug paraphernalia

Camp Aurora is NOT responsible for lost or stolen articles. We advise participants to leave cell phones, MP3 players, and other electronic equipment at home.

Transportation / Bus Pick Up Info

All campers are expected to arrive by transportation arranged through the Camp Steering Committee. There is no space for cars or parking at Camp Brereton! Bus pick up will be at Polo Park Mall. Campers are required to be at Polo Park Mall before the designated pick up time. A volunteer will be on-site to assist campers waiting for the bus. Campers not at the pick-up time when the bus is departing may lose their spot at camp. Please ensure that arrangements for pick up on August 30th are made in advance.

Pick Up

Sunday, August 27th:

- Pick up: Sears Polo Park Mall parking lot facing Portage Ave. at 9:30 AM
 - **The bus leaves promptly at 10:00 AM.**

Drop Off

Wednesday, August 30th:

- Drop off: Sears Polo Park Mall parking lot facing Portage Ave. at approximately 5:30 PM

*** Please note: Parents/guardians assume liability of their child/children at the point of bus drop off.**

***For those requiring assistance with cost for travel into Winnipeg from a rural or northern community, please contact the Camp Aurora Steering Committee (campaaurora@rainbowresourcecentre.org) to discuss available options.**

FORM 1 – Camp Aurora Registration

Please print clearly

Camper Information

Full name: _____

Please call me (preferred name): _____

Gender / gender identification: _____

Birthdate (Month, day, year): _____ Age: _____

Address: _____

Camper Email address: _____

*** Registration confirmation will be sent to you by email ***

Phone Number: _____ Is it okay to leave a message at this number? Yes | No

Please indicate what name to use when calling/leaving a message: _____

Parent / Guardian Information

Full name: _____

Address: _____

Parent / Guardian Email address: _____

*** Registration confirmation will be sent to you by email ***

Daytime Phone Number: _____ Is it okay to leave a message at this number? Yes | No

Evening Phone Number: _____ Is it okay to leave a message at this number? Yes | No

Alternative Phone Number: _____ Is it okay to leave a message at this number? Yes | No

Alternative Emergency Contact Information

*** Camp Aurora will contact your parent / guardian first and your emergency contact second.**

Full name: _____

Relationship to youth: _____ City: _____

Daytime Phone Number: _____ Is it okay to leave a message at this number? Yes | No

Evening Phone Number: _____ Is it okay to leave a message at this number? Yes | No

FORM 2 – Personal Health Information

Please print clearly

It is important that this form is filled in completely and accurately. If there is any missing information, your registration cannot be processed until it is obtained.

Full name: _____

Birth date (Month, day, year): _____ Age: _____

Manitoba Health Numbers

Registration number (6 digit): _____ PHIN number (9 digit): _____

Health Information

Please indicate if you are currently managing any of the following health concerns:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bi-polar disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy / Seizure | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Mobility Issues | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Schizophrenia | |
| <input type="checkbox"/> Other (please explain): | | | |

Do you have any allergies? Yes | No

Do you require any medication for this? Yes | No

What are these allergies (food, environmental, medications) AND what are the reactions and treatments to these allergies?

Do you carry an epi-pen or ana kit? Yes | No

If yes, please identify the allergy which requires an epi-pen / ana kit:

Do you have any physical, developmental, psychological, behavioural, or emotional conditions that may affect your ability to participate in camp activities? Yes | No

Do you require any medication for this? Yes | No

If yes, please describe:

If you have **ANY** dietary considerations that the staff at Camp Aurora need to be aware of when preparing meals (ie: vegetarian, food allergies, medical illness, religious requirements), please provide **FULL DETAILS** here. **If your dietary needs change prior to camp, you must inform us as soon as possible. Food is ordered one week before camp; changes after food is ordered will be considered on a case by case basis.**

If you have any prescription or non-prescription medications or have indicated anything that would imply medication (such as an allergy, even if you don't take medication for it), please fill out the "APPENDIX – Medications" form on page 7.

FORM 3 – Media Consent for Rainbow Resource Centre

Name of child: _____

Name of guardian: _____

Phone: _____ Email: _____

TO RAINBOW RESOURCE CENTRE

1. I hereby agree to your use of a photograph or photographs in a card, brochure, and/or promotional piece to be used by Rainbow Resource Centre. This may be in print and/or electronic format.
2. I also agree to any future videotaping for use in promotional material created for Rainbow Resource Centre. You shall have the right, among other things, to telecast this segment on any television station one or more times.
3. You shall have the right to use and license others to use my name, portrait, picture and biographical material to publicize and advertise the Rainbow Resource Centre as well as other Centre activities, in broadcast, print and electronically.
4. I understand that the purpose of the printed materials, electronic and/or television segments is for charitable purposes and that I am not entitled to any remuneration.
5. I release Rainbow Resource Centre and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness.
6. I agree to allow Rainbow Resource Centre to provide Variety, the Children's Charity of Manitoba (Camp Brereton Manager and Sponsor) with video, audio, and/or images for the purposes captured in points 1 through 5 above.
*** Please note: Variety, the Children's Charity of Manitoba Media Release Waiver Form is attached to the Camp Aurora Registration Package and is separate to the Rainbow Resource Centre Media Consent Form.**

Date this ____ day of _____, 20____, in the City of Winnipeg, Manitoba.

Print Name of Child or Designate(s): _____

Signature of Designate: _____

(Parent/guardian if under 18 years of age):

*Please note that other campers may bring their own personal cameras or recording devices and may take photos of one another for personal use. Media consent takes effect when this application package is signed.

FORM 4 – Other Information

Camp Aurora T-Shirt:

All participants will be provided with a commemorative camp T-shirt. Please choose one size larger than normal, to ensure it will fit. Please indicate your desired size:

- X-Small | Small | Medium | Large | X-Large
 2X-Large | 3X-Large | 4X-Large | 5X-Large

Additional Information:

To assist in room assignment, is there anything we need to know? (i.e. what is your regular bed time, do you snore/talk in your sleep, etc.):

FORM 5 – Participation Agreement

**BY SIGNING THIS DOCUMENT, YOU WILL WAIVE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ CAREFULLY.**

While Camp Aurora staff and instructors will make every reasonable effort to minimize exposure to known risks, I understand that in registering my child in Camp Aurora, my child will be involved in physical activities, and with any physical activity there is a risk of injury. I do hereby release the Camp Aurora Steering Committee and its respective officers, directors, employees, volunteers, and agents and their successors and assigns, from all liability for damages sustained in consequences of loss, injury, damage to myself or my child, and from all other actions, causes of action, claims, demands, damages or any kind with respect to death, injury, loss, or damages to any persons or property including myself or my child arising out of or connected with preparation for, or participation in, Camp Aurora and all of its activities.

Participation Agreement

For participant / camper:

I, _____ (name), agree to participate in Camp Aurora to the best of my abilities and agree to adhere to all rules and behavioural guidelines. I understand that failure to follow these standards will result in my being asked to leave the camp. I have read and completed the registration package in full and will notify the camp directors of any changes to my needs (health, dietary, etc.) between completing this form and attending Camp Aurora. I agree to allow the camp directors to secure medical treatment for me (or ward) when appropriate, but not limited to medication, x-ray, hospitalization, anesthesia, or surgery. If for any reason my child (or ward) receives such medical attention or special medication beyond that furnished by the camp, I agree to be responsible for all expenses incurred.

For parent / guardian:

I, _____ (name), authorize my child to attend Camp Aurora. I have read and completed the registration package in full and will notify the camp directors of any changes to my child's needs (health, dietary, etc.) between completing this form and attending camp. I agree to allow the camp directors to secure medical treatment for my child (or ward) when appropriate, but not limited to medication, x-ray, hospitalization, anesthesia, or surgery. If for any reason my child (or ward) receives such medical attention or special medication beyond that furnished by the camp, I agree to be responsible for all expenses incurred.

I, _____ (name), assume liability of my child at the point of bus drop off in Winnipeg, MB., on August 30th, at approximately 5:30 PM.

Signature or participant / camper

Date

Signature of parent / guardian

Date

FORM 6 – Payment and Registration Checklist

Payment information

Payment will be held until you have been notified of your acceptance to Camp Aurora and will be processed/deposited at that time.

For more information on payment options, please see the box on page 2.

I am able to pay the full amount of \$300.00 and will be paying by:

Cash | Cheque | Credit Card (Visa or Mastercard only)

I am able to pay the following amount: _____, and will be paying by:

Cash | Cheque | Credit Card (Visa or Mastercard only)

I am able to pay \$25.00 to hold my place, and will be paying by:

Cash | Cheque | Credit Card (Visa or Mastercard only)

I am requesting the registration fee be waived.

For Camp Aurora Staff only:

Paid in full

Waived

Payment Processed

Receipt Number: _____

Please send your completed Camp Aurora registration forms and cheque to:

**Camp Aurora
c/o Rainbow Resource Centre
170 Scott Street
Winnipeg, MB R3L 0L3**

**If you have any questions or concerns, please email campaurora@rainbowresourcecentre.org
or call the front desk at 204-474-0212, ext. 201**

Privacy Statement: Camp Aurora respects your privacy. We do not rent, sell, or trade our mailing lists or information. By completing this form or providing information to us and participating in summer camp, you will be consenting to our use of such information for the purposes of the camp as outlined herein. We will not disclose your personal information to any third party unless required or permitted to by law. If you wish us not to use your information for our purposes, please contact us at: Camp Aurora – Privacy, c/o Rainbow Resource Centre, 170 Scott Street, Winnipeg, MB, R3L 0L3

MEDIA RELEASE WAIVER FORM

Variety, the Children’s Charity of Manitoba
Unit 2 –1313 Border Street
Winnipeg, MB R3H 0X4
(204) 982-1050



(Hereinafter referred to as Variety)

TO VARIETY:

1. I hereby agree to your use of a photograph or photographs in a card, brochure, and/or promotional piece to be utilized by Variety, the Children’s Charity of Manitoba. This may be in print and/or electronic format.
2. I also agree to any future videotaping for use in promotional material created for Variety, the Children’s Charity of Manitoba. You shall have the right, among other things, to telecast this segment on any television station one or more times.
3. You shall have the right to utilize and license others to use my name, portrait, picture and biographical material to publicize and advertise Variety, the Children's Charity of Manitoba, as well as other Variety activities, such as, but not limited to: broadcast, print and electronically.
4. I understand that the purpose of the printed materials, electronic and/or television segments is for charitable purposes, and that I am not entitled to any remuneration.
5. I release Variety, the Children's Charity of Manitoba and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness.

I have read and fully understand the intent and purpose of this document, and am signing it without reservation.

Dated this _____ day of _____, 20_____, in the City of Winnipeg, Manitoba.

PRINT NAME OF DESIGNATE(S): _____

SIGNATURE OF DESIGNATE(S): _____

(Parent/Guardian if under 18 years of age)

Camp Aurora Registration Checklist

Registration checklist

- I have completed FORM 1 – Camp Aurora Registration
- I have completed FORM 2 – Personal Health Information
 - I have completed the Manitoba Health Numbers section
 - If I have ANY medical concerns on form 2, I have completed APPENDIX – Medications
- I have completed FORM 3 – Camp Aurora/ Rainbow Resource Centre Media Consent
- I have completed and signed FORM 4 – Other Information
- I have completed and signed FORM 5 – Participation Agreement
- I have completed FORM 5 – Payment and Registration Checklist
 - If paying by cheque, I have included one with this registration.
- I have kept pages 2 and 3, which contains all the information I need for packing for camp and the camp bus
- I have completed Media Release Waiver Form (Variety, the Children’s Charity of Manitoba)